

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA**

In re _____)
)
) CHAPTER _____
)
) CASE NO. _____
)
)
 Debtor(s).)
 _____)

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information).

/ /Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all).

/ /Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information).

/ /Joint Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all).

/ /Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor Date

Signature of Joint Debtor Date

Submit Original to Court. No copies needed. Do not file electronically.

**Joint debtors must provide information for both spouses.*

Penalty for making a false statement: Fine up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.